PART B - FEE(S) TRANSMITTAL

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maintenance fee notification	ons.						
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26734 7	7/2008						
QUARLES & BRADY LLP 33 E. MAIN ST, SUITE 900 P.O. BOX 2113 MADISON, WI 53701-2113				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
				BluetBerc (Depositor's name)			
					erson		(Signature)
				Decemberyo	, 2	008	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/632,342 08/01/2003			Jonathan C. Makielski				
TITLE OF INVENTION: 1	NULEIC ACID ENCO	DING SODIUM CHAN	NEL ALPHA SUBUNIT				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUI	E PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0		\$1810	01/07/2009
EXAMIN	EXAMINER		CLASS-SUBCLASS				
PAK, MICH	PAK, MICHAEL D		435-320100				
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
The Address form P1O/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form P1O/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME ANI) RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or to	ima)			
					ee is id	entified below, the do	ocument has been filed for
(A)NAME OF ASSIGN Wisconsin Alumn	TEE	(B) RESIDENCE: (CITY and STATE OR COUNTRY) Madison, Wisconsin US					
Mayo Clinic Health Solutions Rochester, Minnesota US							
Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s) are Issue Fee Publication Fee (No s	small entity discount p	D. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached.					
Advance Order - # or	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 17-0055 (enclose an extra copy of this form).						
5. Change in Entity Status							
a. Applicant claims S.			b. Applicant is no los	nger claiming SMAI	L ENT	TTY status. See 37 CF	R 1.27(g)(2).
NOTE: The Issue Fee and P interest as shown by the reco	ords of the United State	es Patent and Trademark	Office.	the applicant; a regi	stered a	ttorney or agent; or the	e assignee or other party in
Authorized Signature	Benoff	Bei				3 0 , 2008	
Typed or printed name E	Bennett J. Ber	son		Registration N	o. <u>37,</u>	094	
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